

DEC 14 2004

PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 76.0481 (00621/TL)										
<table border="1"> <tr> <td colspan="2">In re Application of SAJLE, Patrick</td> </tr> <tr> <td>Application Number</td> <td>09/646,640</td> </tr> <tr> <td>For</td> <td>Method for Data Securement...</td> </tr> <tr> <td>Art Unit</td> <td>2132</td> </tr> <tr> <td colspan="2">Examiner KIM, Jung W.</td> </tr> </table>			In re Application of SAJLE, Patrick		Application Number	09/646,640	For	Method for Data Securement...	Art Unit	2132	Examiner KIM, Jung W.	
In re Application of SAJLE, Patrick												
Application Number	09/646,640											
For	Method for Data Securement...											
Art Unit	2132											
Examiner KIM, Jung W.												

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|--|---------------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ <u>430.00</u> - 450.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>502114</u> | |

I have enclosed a duplicate copy of this sheet.

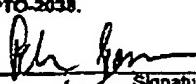
I am the applicant/inventor.

- | |
|--|
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,759</u> |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____ |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

December 14, 2004

Date



Signature

512/241-0837

Telephone Number

Pehr Jansson, Reg. No. 35,759

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(e). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

07/16/2005 KWHSUN 00000006 502114 89646640

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

09/646640

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	8	minus 20 = -
INDEPENDENT CLAIMS	1	minus 3 = -
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

12/14/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	Minus	20	=
Independent	3	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
RATE	Fee	RATE
OR		840
X\$ 9=		X\$18=
OR		X78=
X39=		+260=
OR		TOTAL
+130=		540
TOTAL		OR TOTAL

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE	RATE
OR		X\$18=
X\$ 9=		X78=
OR		+260=
X39=		TOTAL
OR		ADDITIONAL FEE
+130=		ADDITIONAL FEE
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	..	=	
Independent	Minus	...	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
OR		X78=	
X39=		+260=	
OR		TOTAL	
+130=		ADDITIONAL FEE	
TOTAL ADDIT. FEE		ADDITIONAL FEE	
OR		TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	..	=	
Independent	Minus	...	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
OR		X78=	
X39=		+260=	
OR		TOTAL	
+130=		ADDITIONAL FEE	
TOTAL ADDIT. FEE		ADDITIONAL FEE	
OR		TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.